

File Number	
Check Here If: Non-Refundable Proces [] Foreign Profit Corporation	sing Fee: \$37.00
[] Foreign Nonprofit Corporation	\$37.00
[] Foreign Limited Partnership	\$37.00
[] Foreign Limited Liability Company	\$37.00

If the business name has changed its name in the home state, a copy of the Certificate of Amendment or a certified copy of the amendment must accompany this application.

1.	Check either or both of the following which apply: [] The name of the entity is changing it's name in Utah to the new name of the corporation in the home state.
	[] The name of the entity is being changed in Utah to comply with Utah State Insurance Regulations.
2.	Amending the business name: Current Name in Utah:
	Name of Home State:
	Business entity name in home state:
	*The entity shall use as its name in Utah:
	If the name is not available in Utah the corporation shall use*The entity shall use its name as set forth, unless this name is not available.
3.	Amending the duration of the business existance The businesses period of duration is changed to:
4.	Purpose of the business
5.	Amending the state or country of incorporation/registration The entity's state or country of incorporation/registration is changed to:
6.	Under penalties of perjury, I declare this Application to Amend the Certificate of Authority or Registration to be, to the best of my knowledge and belief, true and correct.
	Signature Title Date

You may file with the Division of Corporations the completed application in person, by mail, or fax. Means of payment are, cash, check, money order made payable to the "State of Utah". Please include one (1) self addressed envelope with application. If you are faxing you must include, on a cover sheet, the number of a Visa, MasterCard or American Express with the date of expiration.

 $Under \ GRAMA \ \{63\text{-}2\text{-}201\}, all \ registration \ information \ maintained \ by \ the \ Division \ is \ classified \ as \ public \ record. \ For \ confidentiality \ purposes, \ the \ business \ entity \ physical \ address \ may \ be \ provided \ rather \ than \ the \ residential \ or \ private \ address \ of \ any \ individual \ affiliated \ with \ the \ entity.$

Mail In: PO Box 146705

Salt Lake City, UT 84114-6705 **Walk In:** 160 East 300 South, Main Floor

Information Center: (801) 530-4849 **Toll Free:** (877) 526-3994 (within Utah)

Fax: (801) 530-6438